

Stipulation No.  
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Owners Names:	Rental building location, street address:		Manager or Other Contact Person:
			Street Address:
Street Address:	City:	County:	City, State, and Zip Code:
City, State, and Zip Code:	Is This A Multiple- Use Occupancy?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Total number of rental units in buildings:	Telephone Number, including Area Code:
Telephone Number, including area code:			

If not OK, check the appropriate boxes for the improvement(s) needed.

- Comments: (Please reference Inspected Area numbers)

Inspector's Name: (Please Print)	Inspector's Certificate Number:	Inspector's Business Phone Number w/ Area Code:
Inspector's Signature:	Date Signed:	Indicate Visit Number: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>

Copy Distribution: One to Owner, One attach to completed Commerce certificate, One to Inspector